

General Dental Practice Inspection Report (Announced)

Llys Einion Dental Practice, Powys
Teaching Health Board

Inspection date: 10 July 2023

Publication date: 10 October 2023



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In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

Digital ISBN 978-1-83504-831-3

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.
We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Llys Einion Dental Practice, Powys Teaching Health Board on 10 July 2023.

Our team for the inspection comprised of a HIW Senior Healthcare Inspector, a HIW Healthcare Inspector and a Dental Peer Reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 27 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found that the practice was dedicated to the care they provided to their patients and ensured care was delivered with dignity and respect. Patients were offered a fully bilingual service throughout their patient journey.

Patient feedback fully supported our findings that the practice provides a quality patient experience.

This is what we recommend the service can improve:

- The practice should ensure that patients are asked their language preference, record that as a decision and note any actions taken

This is what the service did well:

- Patient feedback was supportive and complimentary of the practice staff and the individualised care provided.

Delivery of Safe and Effective Care

Overall summary:

We saw a safe and well-maintained practice that was kept clean. Patients agreed that they felt the environment was clean with infection prevention and control measures being followed by staff. However, we did find some improvements could be made to the testing of emergency and decontamination equipment, to the frequency and quality of routine audits and the maintenance of the practice radiation policies.

This is what we recommend the service can improve:

- The practice must closely monitor the contents and expiry dates for their emergency equipment to ensure they remain fit for use at all times
- The practice should fully utilise the guidance and support available to them relating to routine audits.

This is what the service did well:

- The practice maintained a good level of cleanliness throughout.

Quality of Management and Leadership

Overall summary:

We found the practice operated in an effective manner, with positive working relationships observed throughout the staff structure. Though, we did note a need to update practice policies.

We saw an open approach to any form of feedback but felt arrangements for recording feedback and reporting back to patients could be strengthened.

This is what we recommend the service can improve:

- The practice should ensure all policies are reviewed in a timely manner and consider the use of a review checklist.

This is what the service did well:

- Staff at the practice undertook training courses above the mandatory requirements.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

All of the patients that completed a HIW questionnaire rated the service they received as 'very good'. Some of the comments provided by patients on the questionnaires included:

“Every member of staff has shown me such kindness, patience and understanding. I am truly grateful for their expertise and professionalism”

“The staff are always really helpful and cheerful. I was a nervous patient before coming here, but not any longer”

“We are always treated with exceptional care”

Person Centred

Health Promotion

We saw a range of health promotion advice, including smoking cessation and oral cancer, on display in the waiting area. These were supplemented by bilingual patient information leaflets available for patients to take away and information on treatment charges. We also saw the opening times, emergency out of hours details as well as the names and GDC numbers of dental clinicians on display outside the practice.

Respondents to the HIW patient questionnaires said staff explained their oral health to them in a way they could understand and that suitable aftercare instructions were provided.

Dignified and Respectful Care

Throughout our inspection, we observed friendly and welcoming staff that treated patients with dignity and respect.

We saw an open reception area with reception staff explaining to us that side rooms were utilised for any confidential in-person or telephone conversations.

All of the respondents to the HIW patient questionnaire stated they were given dignified and respectful care, with the majority leaving positive written comments about staff.

Individualised care

In response to the HIW questionnaire, patients told us their medical history was checked prior to any treatment and that all treatment options, including the risks and benefits, were explained in a manner they could understand.

Patients added that they were given all of the information they needed to make a decision about their dental care and that they all felt involved in the decisions regarding their care.

All of the respondents to the HIW questionnaire told us they were involved as much as they wanted to be in decisions about their treatment.

Timely

Timely Care

We found a robust appointments process in place that supported the timely treatment of patients. Any delays were communicated to patients by reception staff, and we were told that cancellations by the practice were rare.

Appointments were made over the telephone only and staff explained us their triage processes to prioritise emergency care. We saw emergency slots included in the appointment schedule and patients in need of urgent care or children were seen on the same day or within 24 hours. We were told that the dentists worked to meet patient needs by seeing patients at the times of their choice as much as possible within their operating hours.

All of the patients that responded to the HIW questionnaire, with the exception of one, said they found it 'very easy' or 'fairly easy' to find an appointment when they needed one. The majority of patients (25/27) also explained they knew how to access out of hours emergency care.

Equitable

Communication and Language

We observed a bilingual practice that was conscious of meeting the communication and language needs of their patients.

The practice operates within a Welsh-medium community, and we were told that long standing patients understand they can speak Welsh with staff at the surgery.

We observed staff communicating together through the medium of Welsh and with their patients. However, we noted in patient records that the recording of patient language preference was not routine.

The registered manager should ensure that patients are asked their communication and language preferences updating this information within their records as appropriate.

All of the patients that completed a HIW questionnaire said they were actively offered the opportunity to speak Welsh throughout their patient journey, that they felt comfortable using Welsh within the practice and that information about their healthcare was available to them in their preferred language.

Rights and Equality

We saw a comprehensive equality and diversity policy that staff told us they had read and understood. There was a harassment poster in reception and a policy and procedure in place to prevent and respond to any forms of harassment.

We observed a patient in a wheelchair who was supported into the building by staff using a ramp.

All of the respondents to the HIW questionnaire informed us they hadn't faced any form of discrimination and all patients explained the practice was accessible, with one stating they were not sure.

Delivery of Safe and Effective Care

Safe

Risk Management

We found a clean, safe and well-maintained practice that was in a good state of repair.

We noted suitably sized and accessible facilities throughout for both staff and patients, with satisfactory sanitary disposal and handwashing/drying facilities. We saw communication systems working well and we also saw acceptable changing facilities for staff.

The reception and waiting area was open and accessible. We observed the practice employer liability insurance displayed on the wall in reception and the Health and Safety Executive poster.

We found that all staff had been trained on fire safety within the last 12 months. There was a contract in place to service fire equipment, including fire alarm system checks and testing. We confirmed that there was regular testing of fire extinguishers and emergency lighting. Fire extinguishers were available at key points throughout the building, and we observed no smoking signs around the practice as well as for fire evacuations, exits and muster points.

We saw that the practice fire safety risk assessment was comprehensive, but we noted it hadn't been reviewed since February 2021 and was supported by a policy which had no creation date, nor evidenced review dates.

The registered manager must ensure that the fire safety risk assessment is reviewed at least annually.

Infection, Prevention, Control (IPC) and Decontamination

We found the practice had suitable IPC policies and procedures in place. These were supported by a well maintained environment that was free from clutter which enabled effective infection prevention and control.

There was an experienced member of staff designated as IPC and decontamination lead. Since the pandemic, the practice had installed improved ventilation, increased use of hand sanitisers and we saw an appropriate use of Personal Protective Equipment (PPE) throughout our inspection. Patients were pre-screened for symptoms of any illnesses prior to their appointments.

All of the patients that responded to the HIW questionnaire said they thought the practice was clean and that infection prevention and control measures were being followed.

We saw a suitable decontamination room that was organised to facilitate a safe means of cleaning dirty instruments. We observed staff using decontamination equipment confidently, which was supported by good compliance with IPC related training. We reviewed the daily maintenance schedules and testing records for the autoclave, ultrasonic bath and washer-disinfectors but found that some testing wasn't being routinely performed. We also noted in the downstairs surgery that both sink basins had both plugs and overflows, which is not recommended by current Welsh Health Technical Memorandum (WHTM) 01-05.

Furthermore, we did not see evidence of routine infection control audits taking place in the records that we reviewed.

The registered manager should review WHTM 01-05 in relation to the testing of ultrasonic equipment and hand washing facilities.

The registered manager must complete infection control audits and should consider use of the Health Education and Improvement Wales (HEIW) audit tool.

We found appropriate arrangements in place for the Control of Substances Hazardous to Health (COSHH) items and for the disposal of all waste generated from the practice.

We noted a comprehensive policy and process in place for sharps injuries and protocols to support the wellbeing of staff. The practice did not use safer sharp devices, however, we were told that there were plans to introduce them.

The registered manager should introduce the use of safer sharps devices in a timely manner.

Medicines Management

We found that staff were suitably trained in medicines management and we saw securely stored medicines and prescription pads at the practice.

We noted a medicines management policy but observed that it could include greater detail on the obtaining and management of medicines to ensure a robust process.

The registered manager should review their medicines management policy and procedures.

We saw evidence of clear records for administered medicines and evidence of appropriate aftercare information being provided to patients.

Staff records indicated that all were appropriately trained in cardiopulmonary resuscitation (CPR) and there was one appointed first aider on duty at any one time.

On review of the emergency medical equipment, we found most items were checked using an expiry list although the hardware items were not routinely included on this checklist. We saw that the adult ambulatory bag was unsealed and the masks in sizes 0, 3 and 4 were not available. There was aspirin available but this wasn't soluble, as is recommended. We also found that there were no paediatric pads for the practice automated external defibrillator (AED). Due to the potential impact on patient safety, these concerns were resolved during the inspection.

The registered manager must ensure that emergency equipment is regularly checked and available for use in an emergency in line with the minimum requirements set out by the Resuscitation Council (UK).

Safeguarding of Children and Adults

We saw effective safeguarding arrangements in place through the practice policy and procedures, with a named lead contact at the practice.

We were told by staff they were aware of the All Wales Safeguarding Procedures, but we did not see this fully reflected in practice policies or procedures.

The registered manager should consider reviewing their safeguarding policy to fully align with the All Wales Safeguarding Procedures.

We were assured by the safeguarding arrangements at the practice with staff trained to levels appropriate for their roles and staff were aware of their responsibilities with regards to safeguarding. Staff told us that they knew who to escalate concerns to and what support would be available to them should they do so.

Management of Medical Devices and Equipment

We found that the clinical equipment was safe and maintained appropriately, with reporting procedures in place to promptly deal with any device or system failure.

On review of the radiation protection folder, we couldn't locate a radiation risk assessment. We also found there to be out of date local rules for managing radiation procedures, with the last update noted as 2016.

The registered manager must update and maintain their radiation protection folder, including their radiation risk assessment and local rules.

We found that patients, and where relevant their carers, were informed of the risks and benefits of x-rays and practitioners were only using x-rays where necessary and appropriately as an evidence-base for the care and treatment of patients. We also saw sufficient detail in all records relating to the justification and frequency of x-rays and that risk assessments were completed on all the patient records we reviewed.

We did not see evidence of a suitable quality assurance programme in place nor a means to audit radiographic quality.

The registered manager should develop an internal system for quality assurance and audit by utilising the HEIW Quality Improvement Tool for ionising radiation.

Effective

Effective Care

We found that the practice made a safe assessment and diagnosis of patients, with treatment provided according to clinical need.

We confirmed that clinical staff were clear on their responsibilities while being aware of where to seek relevant professional advice, if necessary.

We saw the use of clinical checklists such as the Local Safety Standards for Invasive Procedures (LocSSIPs).

Patient Records

We reviewed a total of 10 patient records and found clinical record keeping was of a good standard. The records management system used was appropriate and allowed for the safe management of patient information. This system was accompanied by older paper records that we saw being stored securely.

We also saw that the records management system was supported by an up to date and appropriate records management policy.

We noted good practice on the recording of informed patient consent, the treatment options on offer and a fully recorded explanation of the treatment patients were being provided, including the cost. This was supported by patient feedback that confirmed all patients had the costs of treatments explained to them and they were given clear guidance on who to contact in an emergency.

Within all patient records we saw evidence of the recording and updating of baseline basic periodontal examination (BPE) and soft tissue examination recording. We noted cancer screening was routine, as was the recording of all intra and extra oral examinations.

Efficient

Efficient

We observed a suitable skills mix, including a hygienist, two dentists and experienced dentals nurses, that staff felt was sufficient for the needs of their patients.

We saw an efficient NHS referral system in place and a robust system for the triage and treatment of urgent dental conditions. We heard from staff they treated emergency patients within 24 hours, and we also saw evidence of an efficient system offering cancellations to patients wishing to be seen at short notice.

Quality of Management and Leadership

Leadership

Governance and Leadership

The practice was overseen by a lead dentist, who was the practice owner. We saw sufficient leadership arrangements which supported the effective running of the practice. The primary dentist was a member of the British Dental Association (BDA).

The practice held informal daily meetings with all staff present on that day and regular more formalised team meetings, with an agenda and comprehensive minutes.

We observed staff working well together as a team and there was a noticeable strength in the working relationships, especially between the senior dentist and nursing staff.

We saw a register of policies and procedures, however, some of the policies we reviewed were not dated or had passed their review dates, including the data protection policy which was last updated in July 2014.

The registered manager should ensure all practice policies are reviewed in a timely manner and consider the use of a review checklist.

Workforce

Skilled and Enabled Workforce

The work of the practice was undertaken by two dentists, one hygienist, one receptionist, three nurses, and one trainee nurse. We saw evidence indicating good compliance with mandatory training and some examples where staff had completed additional relevant courses that supplemented their roles. We also saw evidence of a formal induction process for new starters.

We were told by staff that they felt supported to undertake learning and they felt that they had the right amount of knowledge and skills to undertake their roles effectively.

Staff told us they would feel comfortable raising a concern and they knew how to do so. Staff comments on feeling able to raise concerns was supported by an appropriate whistleblowing policy and procedure. All the staff we spoke to

reported feeling able to discuss matters related to their role and responsibilities with their peers and line manager.

We reviewed the files of eight staff, all of which met the standards required and showed evidence of compliance with regards to the appropriate employment checks being undertaken. These included Enhanced Disclosure and Barring Service (DBS) checks, professional indemnity, where required, alongside reference checks and checks on employment history.

A suitable recruitment policy was in place that outlined the processes to employ a new member of staff. We also saw copies of contracts for all members of staff employed at the practice.

Culture

People Engagement, Feedback and Learning

We saw a practice that was open to any form of feedback and responsive where any would be received. We noted that patient feedback could be made in writing, orally at reception or to any member of staff.

We were told that all patient feedback was discussed at informal daily meetings and again at formal team meetings. Though, we did note that the practice could formalise their feedback recording to a greater extent to enable learning and to promote any improvements made to patients.

The registered manager should ensure that all feedback, both positive and negative, is recorded, reviewed and any practice responses advertised to patients in a timely manner.

We observed a complaints process that outlined appropriate timescales in line with guidance, different forms of resolutions and contact details for HIW. We heard from staff that the lead dentist was responsible for complaint handling, and we saw them named on complaint posters.

While there were no complaints for us to review, all patients that responded to our HIW questionnaire gave positive feedback on the service provided and said they were given the right information on how the practice would resolve any concerns or complaints post-treatment.

We noted a suitable Duty of Candour policy in place at the practice and the staff we spoke to all explained the Duty of Candour in detail. We noted that there hadn't been any recently reported concerns, however, staff provided us an overview of what they would do should a concern be raised.

Information

Information Governance and Digital Technology

We found an acceptable digital patient record system in operation with an additional digital system in place to record and escalate patient safety incidents. There were no patient safety incidents for us to review, however, we were assured by the process in place.

Learning, Improvement and Research

Quality Improvement Activities

We saw evidence of some quality improvement activities taking place with regards to antibiotic prescribing, records keeping and display screen access audits. Although, we did not see evidence of quality improvement processes taking place for smoking cessation nor ionising radiation. Staff did explain they had struggled to gain access to and complete Wales-wide national audit tools from HEIW because of staff absences.

The registered manager must produce an audit and quality improvement policy and schedule for routine audits.

Whole Systems Approach

Partnership Working and Development

Staff explained to us that their relationships with other parts of the health service and partners were good, and that the new online referral system was an improvement they valued. Staff also told us that referrals were made with ease and we saw that these were followed up by the practice in a timely manner.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

Appendix A - Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
<p>The adult ambulatory bag was unsealed and the masks in sizes 0, 3 and 4 were not available.</p> <p>There was aspirin available but this wasn't soluble, as is recommended.</p> <p>We also found that there were no paediatric pads for the practice automated external defibrillator (AED).</p>	<p>The registered manager must ensure that emergency equipment is regularly checked and available for use in an emergency in line with the minimum requirements set out by the Resuscitation Council (UK).</p>	<p>This was escalated to staff during the inspection.</p>	<p>All items were replaced on the day.</p>

Appendix B - Immediate improvement plan

Service: Llys Einion Dental Practice

Date of inspection: 10 July 2023

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
There were no immediate assurance issues.					

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Llys Einion Dental Practice

Date of inspection: 10 July 2023

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
We noted in patient records that the recording of patient language preference was not routine.	The registered manager should ensure that patients are asked their communication and language preferences updating this information within their records as appropriate	Regulation - Private Dentistry (Wales) Regulations 2017, Section 13 (1) (a)	Contacted SOE - has been resolved. We have decided to add language preference in the patient detail box allocated for NI number.	Glenys Davies	Complete
We saw that the practice fire safety risk assessment was comprehensive, but we noted it hadn't been reviewed since February 2021 and was supported by a policy which had no	The registered manager must ensure that the fire safety risk assessment is reviewed at least annually.	PD(W)R Section 22 (4) (f)	This policy has been reviewed and dated.	Glenys Davies	Complete

creation date, nor evidenced review dates.					
We found that some ultrasonic testing wasn't being routinely performed. We also noted in the downstairs surgery that both sink basins had both plugs and overflows, which is not recommended by current Welsh Health Technical Memorandum (WHTM) 01-05.	The registered manager should review WHTM 01-05 in relation to the testing of ultrasonic equipment and hand washing facilities.	PD(W)R Section 13 (2) (a)	We will update our ultrasonic testing regime to meet the required standard. Downstairs surgery sinks plugs have been removed and overflows blocked, as specified in the WHTM.	Glenys Davies	3 months Complete
We did not see evidence of routine infection control audits taking place in the records that we reviewed.	The registered manager must complete infection control audits and should consider use of the Health Education and Improvement Wales (HEIW) audit tool.	PD(W)R Section 13 (3) (b)	As stated during the inspection, we have contacted HEIW, so that we can insure all audits will be up to date. We are currently undertaking BDA audit	Glenys Davies Iona Evans	2 months 2 months

<p>The practice did not use safer sharp devices, however, we were told that there were plans to introduce them.</p>	<p>The registered manager should introduce the use of safer sharps devices in a timely manner.</p>	<p>PD(W)R Section 13 (5) (b)</p>	<p>We are in the process of installing/ordering safer sharp devices.</p>	<p>Glenys Davies</p>	<p>1 month</p>
<p>We noted a medicines management policy but observed that it could include more information on medicine obtaining to ensure it is a robust process.</p>	<p>The registered manager should review their medicines management policy and procedures.</p>	<p>PD(W)R Section 8 (1)</p>	<p>We will review our medicine management policy to include more information, as requested.</p>	<p>Glenys Davies</p>	<p>2 months</p>
<p>We were told by staff they were aware of the All Wales Safeguarding Procedures, but we did not see this fully reflected in practice policies or procedures.</p>	<p>The registered manager should consider reviewing their safeguarding policy to fully align with the All Wales Safeguarding Procedures.</p>	<p>PD(W)R Section 14 (1) (a)</p>	<p>We will look into the All Wales Safeguarding procedure, policies will be updated, and staff will become aware.</p>	<p>Glenys Davies</p>	<p>2 months</p>
<p>On review of the radiation protection folder, we couldn't locate a radiation risk</p>	<p>The registered manager must update and maintain their radiation protection folder,</p>	<p>PD(W)R Section 13 The Ionising Radiation (Medical Exposure)</p>	<p>This has now been resolved and updated.</p>	<p>Glenys Davies</p>	<p>Complete</p>

assessment. We also found there to be out of date local rules for managing radiation procedures, with the last update noted as 2016.	including their radiation risk assessment and local rules.	Regulations 2017 Section 15			
We did not see evidence of a suitable quality assurance programme in place nor a means to audit radiographic quality.	The registered manager should develop an internal system for quality assurance and audit by utilising the HEIW Quality Improvement Tool for ionising radiation.	PD(W)R Section 16 IR(ME)R Section 7	Radiographic audit is currently being carried out and HEIW QI tool utilised	Glenys Davies	1 month
Some of the policies we reviewed were undated or had past their review dates, including the data protection policy which was last updated in July 2014.	The registered manager should ensure all practice policies are reviewed in a timely manner and consider the use of a review checklist.	PD(W)R Section 8 (1)	We have reviewed all policies and ensured they are now all updated and dated	Glenys Davies	Complete
We noted that the practice could formalise their feedback recording to a greater extent to enable learning and to	The registered manager should ensure that all feedback, both positive and negative, is recorded, reviewed and any practice	PD(W)R Section 16 (1) (a)	Feedback forms are visible and accessible for all patients bilingually. We will adapt our policy to	Glenys Davies	3 months

promote improvements made to patients.	responses advertised to patients in a timely manner.		include the advertisement of any changes /improvement made from feedback to our patients.		
We did not see evidence of quality improvement processes taking place for smoking cessation and ionising radiation. Staff did explain they had struggled to gain access to and complete Wales-wide national audit tools from HEIW because of staff absences.	The registered manager must produce an audit and quality improvement policy and schedule for routine audits.	PD(W)R Section 13 (2)	We have since rectified the process. Evidence has been forwarded, and is available at the practice. We are in the process of accessing HEIW for further audits	Glenys Davies	2 months

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Glenys Davies

Job role: Dentist

Date: 30 August 2023